

ST. BARTHOLOMEW'S



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OH JUPITER!

On a scrap of paper, the prescription brings to a focus the endless battle between science on the one hand and tradition on the other. Side by side with the name of a modern drug goes a mysterious symbol whose origin is shrouded in the mists of time. Latin, English and Latinized-English words; Roman and Arabic numerals; Metric and Apothecaries' Systems—all mingle together in glorious confusion. It appears that the physician, always ready to adopt new techniques, is at the same time loth to part with anything which has once been established, whether this be a system of nomenclature, an archaic form of symbolism or a drug which over and over again has proved its worthlessness.

Like the wise men of ancient Chaldea we still make invocations to Jupiter—the *greater fortune*: blending the astronomical sign for this planet with R, the initial letter of the Latin *Recipe*, we manufacture that hybrid symbol R̄ with which we proceed to decorate the supercription. It is difficult to understand what bearing Chaldean astrology has upon modern medicine, since the time when anyone could seriously maintain that our mental or physical welfare is dependent upon the movements of the heavenly bodies has long since passed.

It is even more difficult to defend the continued use of Latin in prescriptions—that is if a language, synthesised by the addition of Latin endings to the English equivalents, has any claim to the title of "Latin." It is argued that Latin is the traditional language of science, understood the world over; that the absence of definite and indefinite articles makes for brevity and the Latin genitive for neatness in expression, but it must be admitted that the disadvantages are many. It is impracticable to write the

whole in Latin, since parts such as the patient's name and address must be written in the native tongue, together with any unusual directions with which a limited and stereotyped knowledge of the language is unable to cope. Ignorance of correct case-endings leads to numerous mistakes or to evasions thereof in the form of the abbreviations. The innocent-looking full stop covers a multitude of potential sins! It cannot be held that the Latin form allows of secrecy since a patient able to interpret an English prescription is unlikely to be deceived by its Latin equivalent and in any case there is little room for mystery in modern medicine.

There is even less to be said for the Apothecaries' system—a system in which each quaint unit is a different multiple of the next and in which the units of weight and measure do not correspond. The student, already familiar with the metric system, resents having to spend valuable time and energy becoming proficient in the use of tables which should have been discarded long ago, together with the archaic hieroglyphics used as abbreviations for its various units. The present tendency to use the metric system for the newer drugs but to retain the Apothecaries' system in general use is a lazy makeshift arrangement which serves to confuse rather than clarify the issue. It necessitates frequent interconversions and, most physicians being bad mathematicians, often leads to error. A clean break from the old system would lead to much inconvenience at first, but surely the medical fraternity, which prides itself on its intelligence, is sufficiently labile to be able to make the change.

The Roman system of numerals was so clumsy that it passed out of general use long ago. Yet here are we—members of a scientific

profession, with frequent recourse to the use of figures, still happily dotting "ones" and smiling contentedly on the curious mixture of Roman and Arabic which must result when we attempt to express common fractions other than one half, or any decimal fraction.

More serious, however, is our failure to discard drugs which are devoid of any useful action, or for which there are less toxic, more efficacious or even cheaper substitutes available. Often one sees cases of thyrotoxicosis under continuous iodine therapy in spite of the well established fact that the effect of iodine in this connection is temporary and its use should be reserved for the pre-operative period. Again one sees bromides used in sleeping draughts in spite of, one might almost say in defiance of, experimental observations that no single dose of bromide, within the therapeutic range, is capable of raising the blood level of that ion to a height sufficient to induce hypnosis.

It is customary to sneer at certain groups of drugs: expectorants and tonics are good examples, but to prescribe them all the same, excusing one's action on the grounds that "*the patient expects . . .*" A useful phrase, an invaluable defence mechanism, used to cover many of our more futile actions. Is it that the patient expects or that we expect he expects and that we are in fact projecting our thoughts on to him? The average patient is not such a fool as some of us are inclined to suppose; question any chronic bronchitic on the efficiency

of his latest cough mixture and you may well find cause to revise your views as to the patient's faith in a bottle of medicine: that your faith in the patient's faith is very much greater than the latter warrants. And if there are some who remain discontented until given some sort of medicine it is our duty to correct rather than foster such misapprehension. If we have no drug of value for the condition in question—let us be honest and admit the fact and not attempt to conceal our inefficiency by prescribing drugs we know to be useless.

The pharmacopoeias and text-books of materia medica, at present overburdened with large numbers of almost useless drugs, would benefit from some much needed pruning. Even some of our most modern drugs are becoming superfluous. As each new class of drug is discovered and another field of research opened up, numerous preparations of the same type flood the market. The practitioner is often overwhelmed and we see him using one particular preparation, often not the most suitable, without any clear idea as to why he is doing so. The situation could be clarified if for reasons of low efficiency or high toxicity or cost the least desirable of these drugs were scrapped after a suitable trial.

And with them must go our three old friends: the Apothecaries' system, the Roman numerals and the Latin prescription—all relics of a by-gone age when it was the accepted custom to conceal ignorance under the cloak of ritual.

Contributions for the December number should reach this office by November 6th.

Members of the Hospital are asked not to walk on the newly laid grass at Charterhouse Square. It will be some months before it will be possible to do so.

SPORTS CALENDAR

November.

Sat. 2	Rug.	v. R.N. Air Station	...	H
	Soc.	v. H.A.C.	...	H
	Hoc.	v. R.N. College	...	A
Sun. 3	Hoc.	v. Bandits	...	H
Wed. 6	Soc.	v. St. Mary's Coll.	...	A
Sat. 9	Rug.	v. R. Sigs., Catterick	...	H
	Soc.	v. Bromley Cnty. Sch.	...	A
	Hoc.	v. Gravesend	...	H
Mon. 11	Soc.	v. Christ's College	...	A
Wed. 13	Soc.	v. Queen's College	...	A
Thu. 14	Soc.	v. Downing College	...	A
Sat. 16	Soc.	v. Jesus College	...	A
	Hoc.	v. Woolwich Poly.	...	A
	Rug.	v. Newlyn, Penzance	...	A

Mon. 18	Rug.	v. Redruth	...	A
Tues. 19	Rug.	v. Devonport Services	...	A
Wed. 20	Soc.	v. Bromley County Sch.	...	H
Sat. 23	Rug.	v. Stroud	...	A
	Soc.	v. St. Thomas' Hospital	...	H
	Hoc.	v. Reading University	...	A
Wed. 27	Soc.	v. Met. Pol. (Peckham)	...	A
Sat. 30	Rug.	v. Old Rutlishians	...	H
	Hoc.	v. Broxbourne	...	A

December.

Sun. 1	Hoc.	v. Lensbury	...	A
Wed. 4	Soc.	v. Guy's Hospital	...	H
Sat. 7	Rug.	v. Cross Keys	...	H
	Soc.	v. Bristol University	...	A
	Hoc.	v. Polytechnic	...	A

HOW NOT TO GIVE AN ANÆSTHETIC

LIFE AND DEATH AT ST. AUTOPSIA'S

The month of the student's life allotted to the Anæsthetic Dept. is nothing like enough to transform the menace of the ether bottle (the bright lad who performs private and highly frightening experiments with the taps) into a consistently capable anæsthetist. As there is hardly a department in the Hospital, nor faculty in the University which does not feel the same way about their allocation of the student's time as we do, we can go little further than teaching our clerks how to avoid killing people. Achieving this is smugly, though rightly, considered a major triumph.

This account of anæsthesia at St. Autopsia's Hospital, based largely on a teaching film you may have seen, is intended to underline a few of the important points of the game. I hope some of the future clerks will include it in the varied reading matter they frequently dip into during long cases.

Let's start by considering the patient, Mr. George Smith. And I mean considering him. To you he's only SMITH—CHOLECYSTECTOMY on a blackboard. But to him he's George Augustus, driver of a 22 bus, father of two kids and husband of an anxious wife. He's been whisked out of the comfortably dusty, secure familiarity of the home where he is master. Torn away from the bright, beery interior of the "Grapes," in which he is the social hub. Thrust into the sterile, spartan surroundings of St. Autopsia's, where they take his clothes away, bath him and order him about. To-morrow he is to be forcibly rendered unconscious and the most precious gall-bladder in the world plucked from him. The chap in the bed next door has just come back from his operation and appears to be dead. George is naturally a little scared.

George is mostly worried about being put off to sleep, like an old dog or unwanted kitten, he keeps recalling. He would like to see the doctor into whose hands he will be unwillingly delivering his life, if only to receive the inevitable assurance that everything's going to be all right. At St. Autopsia's the anæsthetists don't size up their patients the night before—a routine penance, so I understand, of even the public hangman.

George can't sleep in a strange bed with his suppressed qualms as restless bedfellows, a torment from which a few grains of soneryl would bring delivery. Eventually he drops into

dreams of strangling, drowning, hanging and other forms of suffocation, until he is awakened at five with his morning enema.

After half a day starved of food and denied of drink the hour approaches. Too quickly, apparently, for the anæsthetist, who has forgotten to ring up about the premedication. This job is passed on to an orderly, about half an hour before George is due to appear. After finishing his cigarette and considering whether to have ten bob on the four-thirty, the orderly leisurely picks up the phone. At St. Autopsia's the sister is busy when the message comes through. After boiling up a syringe she eventually sticks the injection into George, synchronising with the arrival of the trolley and porters.

George is bumped down to the theatre with xerostomia, tachycardia and an urgent desire to micturate. He is trundled heavily into the anæsthetic room. The porters, with the air of Carter Paterson men, desert him. So does the nurse, calling to some unseen crony would she keep an eye on this one, she is going off duty.

George, as lonely as the Ancient Mariner, finds time to look over the death chamber. It is a cell, well lit by a bulb just above his eyes, bearing all the appearances of the engine room in a submarine, and as hot. There are two doors, both wide open. One leads to the corridor, from which passers-by throw him curious glances. The other is labelled THEATRE, which appears to be in a state of uproar. George's heart sinks—he has seen the gallows. They are getting ready, with alarming nonchalance, to cut him up. Somewhere in the distance a radio is playing swing.

A nurse pops in, seeming surprised to see him. "Oh," she remarks in an offended tone, "you're down, are you?" She disappears like a conjurer's rabbit. Three or four nurses pass through on their way off duty, chatting the while. Another brings in a tray of nasty, shiny instruments—"To cut me up with," thinks George—which she leaves on a trolley beside him while she drops metal drums on the floor. At St. Autopsia's they have got into the habit of using the anæsthetic room as a corridor and general store, although, as distinct from our E.M.S. improvised theatres, they have both. There is only one recommendable feature in the whole room—a large notice requesting "SILENCE!"

The anaesthetist arrives. He is in one hell of a hurry. George waits helplessly for a reassuring nod from him. Instead he starts shouting angrily for an orderly.

Just then a bloody surgeon comes from the theatre with a bowl of guts which he proudly exhibits to about twenty students.

The anaesthetist doesn't bother to wash his hands. Like a fighter pilot grimly leaping to his plane, he falls upon the death-machine. This exhibit stands within inches of George's nose instead of behind his head, affording a good view of the works, complete with horrible labels saying *ETHER* and *CHLOROFORM*. So far the anaesthetist, a Mr. Styfle, has disregarded George as if he were so much air. Admittedly, they haven't been introduced.

Styfle waves a spanner of the size George associates with his 22 bus rather than with the delicate and scientific business of sending him off to sleep. Tremendous hissings cut short his uneasy thoughts. This gives way to mighty clangings as cylinders are dropped all over the floor. George watches as Styfle pours something from a bottle into the bung-hole of the death-machine. This operation is performed with the effect of filling a lighter from a two-gallon petrol can. Terrifying fumes of ether assault George's anxious nostrils.

"There you are, Jones!" shouts Styfle, as an orderly shuffles in. "Where the hell have you been? We're damn late, we'll have to rush this one—and why weren't these cylinders full? Did you know you can kill a patient like that?"

Jones starts an address on the working conditions and obligations of orderlies.

"Oh, my God!" cries Styfle. "The laryngoscope won't work. Pray heaven we won't need it, or we're sunk! Get a couple more men, Jones, we may have to hold him down."

George is on the point of announcing he is not going to have his operation, thank you, when a mask is clamped on his terrified face, and he is suffocated. The smell of rubber is nauseating. The ether not cleared from the delivery tube makes him choke. His last recollections are of a nurse dropping more drums and Styfle bawling "Can't you read?—SILENCE! All right, take his jacket off, he's under."

The Surgeon, scrubbed and gloved, appears at the door long enough to enquire "Ready?"

As he's in a tearing hurry, Styfle pushes over the ether lever like the throttle on a Meteor. George gives way to cough, spasm and a purple blush.

Snatching a tube, Styfle plunges it into a nostril like a Sherman tank in a cornfield.

Tremendous coughing and spasms. Dark blood wells up, like the waters from Moses' rock, at both nostrils and the mouth. The ears remain dry.

"Worst of being in a hurry," reflects Styfle, "too light, and obstructed. Still, the connection would have kept slipping out, anyway."

Styfle eventually reduces the coughing, bleeding, cyanosed, remains to some sort of quiescence. The surgeon re-appears. "What!" he hollers, "Not ready yet!"

Seizing a second laryngoscope, Styfle plunges it into George's mouth like a jemmy, loosening his top teeth and neatly nipping his lower lip. George, still too light, spits blood in his eye. Fair enough.

"Good Heavens!" shouts the surgeon. "Are you going to be all night? When can I get at him?"

Eventually George is intubated, the blood cleaned from Styfle's trousers, and he is served up to a fuming surgeon. Exhausted from the battle, Styfle is just considering popping out for a smoke when George goes blue on him again. Panic-stricken, Styfle makes a belated inspection of the gas leads. These are connected up correctly, which foxes him, until a weary flowmeter catches his eye. His oxygen, which he should have checked, has just run out.

No sooner has Styfle started his pipe in the anaesthetic room and opened a conversation with a nurse than he is summoned back to the theatre.

"Tight," the surgeon comments briefly. At St. Autopsia's there's not much co-operation between surgeon and anaesthetist—and no wonder.

George's pupils are twin black moons. The situation is beyond Styfle, who complacently regards the lashings of ether and gas pouring into his patient. The oxygen rotometer registers half a litre a minute, but Styfle hasn't heard about the behaviour of sub-oxygenated muscle yet.

He then disappears from the theatre until the abdomen is being closed—after all, what did Dr. Magill invent those handy tubes for?

"How is he?" asks the surgeon.

Styfle lays an uneasy finger on the pulse. Rate 112. Volume—h'm, well, probably all right. As he hadn't checked the pulse in the beginning he has now no more idea than the lift boy whether George has deteriorated or not.

At length the tube is removed, the dressings applied, and Styfle makes off for tea, confident of a good job done. But what's that? What's the panic? George has gone black again. If you made sure your patients were breathing

when you left them, chum, you'd have your teeth in those cucumber sandwiches by now.

"By the way," remarks sister as he pulls up the chin (Styfle knew that much), "his arm was hanging over the table edge all the time."

"Probably got a radial palsy," he tells her,

"Pity."

There you are, then, and that's only a few of the horrors. In view of the obvious note of personal experience about the induction, I'll hide behind my old pen-name of

ALAN TOIS.

WAR MEMORIAL FUND

Many Bart's men and women have been wondering what is being done to commemorate those members of the Hospital and College who fell in the recent war. A committee representing the Medical Council and the College Committee was set up recently to discuss the matter, and to put forward a concrete proposal. As a result it has been decided to raise a fund for the education of the children of those who lost their lives in the service of their country. It is also proposed to engrave in stone the names of all Bart's men, nurses and employees of the Hospital and College who fell in the war. Permission will be asked of the Treasurer and Governors of the Hospital to place the names on the walls in the entrance to the new Medical Block. There is in that place a hallway, inside the bronze doors, which is very suitable for this purpose.

The main bulk of the money raised for this memorial will be applied to the education of children of Bart's men or nurses who fell in the war and are in need of this help. The Fund will be administered by a chairman and two trustees, in the first instance Professor J. Paterson Ross, Dr. Bodley Scott, and Mr. Alan Hunt. When it is known how many children are eligible to benefit from the Fund an allocation

can be made to each child, the money to be spread over a period of years up to the age of 21 or such shorter period as he or she may require assistance for education. By this means all the money will be allocated within a limited period, and by the education of these children a worthy memorial will have been completed.

In order that an early start may be made, will any Bart's man or Bart's nurse who knows of children needing help, who come within the scope of this scheme, please send in their names as soon as possible. The fund is open for subscriptions at once. It is hoped that all Bart's men will receive within a very short time a letter asking them to join in raising the money. It may be said that already the Nurses League of St. Bartholomew's Hospital has promised a very substantial contribution.

We believe that most Bart's men wish to commemorate through the Hospital and College those who fell in the war, and we believe that this proposal offers a chance of doing so in a way which will meet the wishes of the majority. To make a success of this memorial generous contributions are needed.

GEOFFREY KEYNES,

Chairman of Medical Council.

CHARLES HARRIS, *Dean.*

PERSONAL

The studied effrontery with which MR. HAWKES manipulates his cigarette speaks more about him than Wisden ever will.

MR. REISS, for education's sake, dare not appear in public without the soiled collar of the cultured intellect.

If MR. MACDONALD did not bear evidence about his person of a week-end spent in bottom-scraping his nautical purchases would be discounted as waste.

I have no wish to draw ridicule upon these gentlemen nor ill-will upon myself. I might as well have commented upon the ivory-tipped golf-club which proclaims MR. DIBB *un homme du Theatre*, or the peerless cigarette-lighter which demonstrates MR. BUTCHER'S precision of mind. Descending thus to personalities is not my aim but my method of illustrating a fact.

The Enigmatic Englishman is dead.

Time was when, by unwritten law, we strove to wipe from our appearance all clues concerning the individual beneath. Propriety dictated that young men should assume a gentlemanly uniformity. Consider any Edwardian photograph. Each short-lapelled jacket resembles its neighbour. Every collar contains an identical proportion of starch. All heads are cropped to the same unappetising stubble and the faces appear to have been taken from a single inscrutable death-mask. Yet beneath these grim exteriors beat the gay hearts of the music-hall rowdies, the ambitious young men of the City, the ardent admirers of puff-sleeved counter-parts, and the embryos from which have developed the impressive elderly gentlemen of to-day.

All this is changed. We are taught to Be Natural, to display our complexes as though they were for sale and to adopt a that's-me-take-it-or-leave-it attitude to superiors and contemporaries alike. This may be sound psychology but nevertheless it is exhausting in practice. We are all so busy Portraying Ourselves down to the last trouser-button that we have very little energy left over for the job in hand. One need only consider the effort required by MR. DONALD TAYLOR in sustaining his use of the endearing term "old boy," or by MR. FISHER in controlling his utterly self-expressive hair, to perceive how true this must be.

The growth of hair alone deserves a monograph to itself. The preclinical school in particular carry it to extraordinary lengths. Incredible revelations of character are apparent also in the development of moustaches. These allow for considerable variations of psychic composition from the extremes of MR. DU

HEAUME'S intermittent bad shave to the exquisite growth which was recently seen about the hospital closely followed by MR. KELLY.

I must allow that this business of Being what you Are is sometimes an accidental process. In a recent encounter with the Catering Company A NOTABLE SPECIMEN FROM OUR COLLECTION OF BIRD LIFE, by attempting to be what he wasn't, namely, a Saviour of the Stomachs of his Fellows, accidentally and obviously became what he is, an ill-mannered and self-demonstrating nincompoop. In the working-out of this process his vulgar faction declared with considerable aplomb that they had Lost Faith in the Students' Union. To this the Union replied, with some justification, that it had never been what it had no intention of developing into—i.e., Something to have Faith In. Regrettably it must continue to be what it can't help remaining—a thankless sanitary organisation for attempting to do the necessary dirty work.

EVELYN TENT.

GOODBYE TO BART'S

by MALCOLM DONALDSON

Before the second German War it was customary for members of the staff who were on the eve of retiring to give a "Last Lecture." On such an occasion all the students, many of whom may have invested half-a-crown to avoid attending this man's ordinary lectures, turned up in force together with members of the honorary staff to hear this "last lecture." I have attended many such sad functions. On more than one occasion I have seen the lecturer so overcome with emotion that he was obliged to retire before the lecture was finished. Some lecturers just gave the last of their normal lectures, others dwell on the changes that had taken place since they went to Bart.'s; to some people it seems to come as a surprise tinged with regret that changes should take place, but really it would be very extraordinary and tragic if there was no change. This is not to suggest that Mr. Ford was right when he said, or was reputed to have said, that "all history is bunk." On the contrary it is of the greatest value in order to obtain the point on which to plot out the curve of future events. It is not difficult to plot out a curve, but it is less easy to persuade one's colleagues that such a curve is correct, and in this I failed so far as the organisation of

Cancer treatment and research at Bart.'s were concerned. Nor was I very popular with the Treasurer and Almoners in 1923 when I met the organizers of the Fleet Street Collection in a Lyons' teashop, and persuaded them to earmark £2,000 of their gift for the first deep X-ray apparatus to be installed at Bart.'s. This was subsequently put under the charge of Dr. Levitt, who did such splendid pioneer work in X-ray therapy. From then onwards I tried to stimulate interest in Cancer treatment and organisation, but, alas, the dividing line between a stimulant and an irritant is very thin, and in the end it was obvious that my efforts had become a pure irritant and was useless. Such efforts to stimulate enthusiasm along one particular line often suggest that the person has lost all sense of proportion, has become "dotty" on the subject and cannot recognise the importance of other conditions such as, for instance, the common cold, which is far more important than cancer.

This idea of a one-track mind is not correct. To overcome inertia a force greater than the inertia must be applied. The clever fellow knows what is the right lever to use, the other man uses all his strength with little

effect. Even now I make one more despairing effort to stimulate the younger generation by asking them to visit other cancer centres like Manchester and institutions abroad, now that travelling is once more normal. It has often been said with much truth that when a young man goes to see the work of other nations, he either goes with the idea that nothing is better than that which is being done in his own country, or with the idea that any different technique or organisation that is different from his own must be an improvement. It is unnecessary to point out that there is "more than one way of killing a cat," and the animal is just as dead whichever technique is employed. No, the object of travel is not merely to imitate others, nor just to report what has been seen, but to think "how can I use this knowledge to improve the particular set of circumstances existing at home?" At this point the reader, if he has got as far, will say this "waffling" is obvious; agreed, but the obvious sometimes needs repeating and it is the privilege of the old to do so.

I have just visited Stockholm, the most lovely of cities. It is true that the contrast between this neutral country and poor battered London did at first rouse very strong resentment in me, but that was foolish because we must look at the future. The Radiumhemmet is a splendidly built and equipped block within the grounds of the large teaching hospital called Karolinska; this building made me green with envy, well planned and well carried out. Of course good work has been done in our own country in cellars and under difficult conditions, but it is absurd to believe that good treatment rooms and laboratories with plenty of room will not improve good work. It will be a long time before it is possible to build such a department at Bart.'s, but at least it is possible to go round the world in the interval and collect ideas, and know exactly what is wanted when the time comes. The Radiumhemmet as it is to-day is a good example of what a few determined people can do, and the history and plan of this institution, a copy of which can be seen in the Cancer department, shows that in Sweden even a Socialist Government will help those who help themselves. The organisation of Cancer treatment in Sweden is better than in Great Britain, but it is a small country and is therefore much easier to organise. I doubt if their physicists are in such daily touch with the Radiotherapist and the patient as in England and there we score heavily, but there is much to be learnt. I also saw the Södersjukhuset, the most modern hospital, not yet completed. It is a magnificent

building for 1,200 patients and the sound principle of having a maximum of four beds in a ward has been adopted. It would not be difficult, however, to make certain criticisms. Corridors with marble floors look beautiful but are not very pleasant to walk on the whole long day, and had they installed an internal telephone to every bed the amount of walking the nurses are obliged to do would have been cut down by fifty per cent. In Norway I saw other hospitals, but what interested me most was a 1.9 million volt X-ray apparatus of the Van der Graaf type which had been installed during the German occupation.

And now the time comes when a member of the Gestapo armed with a scythe and a hand grenade grabs me by the shoulder and tears me away from my colleagues at Bart.'s to do other work at Mount Vernon Hospital, and as I am torn away these are my last words to those responsible for the Cancer Department:—

"Wake up, Bart.'s."



A STUDY IN DRESS

IN OUR LIBRARY—VI. TIMOTHY BRIGHT (1550 ?—1615)

By JOHN L. THORNTON, *Librarian*

As a physician Timothy Bright appears to have been a failure, possibly because he did not give his entire attention to the subject, yet although his connection with this Hospital ended in his forced resignation, there is every reason to honour him for his achievements in other fields.

Norman Moore¹ states that Timothy Bright was born at Cambridge in 1550, while the D.N.B. gives the place of birth as probably in the neighbourhood of Sheffield, and the date as "in or about 1551." Probably the standard biography of Bright² clears up this point, but unfortunately we do not possess a copy. Bright was a member of Trinity College, Cambridge, being a scholar in 1567, a B.A. in 1568, and graduating M.B. in 1574 and M.D. five years later. From 1570 to 1572 he studied abroad, and on his return lived for a time in Cambridge. He wrote a Latin treatise on medicine in two parts, which were entitled *Hygieiana* [etc.], London, 1582, and *Therapeutica* [etc.], London, 1583, respectively, the parts being reprinted separately at Frankfurt in 1588 and 1599, both together in 1598, and also at Mayence in 1647. Bright's second book, a commentary on the physical treatise of Adolphus Scribonius, was dedicated to Sir Philip Sidney, and entitled *In physicam Gulielmi Adolphi Scribonii animadversiones*, Cambridge, 1584. This represents a very early production of the Cambridge press.

In 1585 Bright became physician to Bart's, and while living on the premises published his *A treatise of melancholie, containing the causes thereof and reasons of the strange effects it worketh in our minds and bodies* [etc.], London, 1586, another edition appearing the same year from another printer. Garrison writes, "It is supposed that Shakespeare got his knowledge of psychiatry from Bright's treatise on melancholy (1586)."³

His next publication was that containing his system of shorthand, the book being extremely rare, there being only one copy known, which is in the Bodleian. Norman Moore⁴ writes that the only copy he had seen was in the Pepysian Library at Magdalene College, but it is not

¹ *The History of St. Bartholomew's Hospital*, Vol. 2, 1918, pp. 433-440.

² Carlton, William J. *Timothe Bright, Doctor of Phisicke: a memoir of "The Father of Modern Shorthand"*, 1911.

³ Garrison, Fielding Hudson. *An introduction to the history of medicine. . . . Fourth edition* [etc.] 1929, p. 203.

known if this is the copy now at the Bodleian. In 1888 this book was reprinted, but as the edition was limited to only 100 copies, this also is rare, and a copy is housed in the Athenæ Collection in our Library. It is entitled *Characterie; an arte of shorte, swifte, and secrete writing by character. Invented by Timothe Bright, Doctor of Phisike. Imprinted at London by I. Windet, the assigne of Tim. Bright*, 1588. This reprint follows as far as possible the exact spacing, pagination and quaint old-style spelling of the original, using almost identical fount type. The Advertisement is signed by J. Herbert Ford, *Reporters' Journal* Office, 27, Chancery Lane, London, W.C., 26th July, 1888. The original volume was dedicated to Queen Elizabeth, and its rarity is probably due to the fact that the shorthand characters were all inserted by hand, possibly by Bright himself, so that it is doubtful if a large edition was thus manually produced.

The other book by Bright contained in the Library is his abridgement of Fox's *Book of martyrs*, the title-page of which reads *An abridgement of the Booke of Acts and Monuments of the Church: Written by that Reverend Father, Maister John Fox: and now abridged by Timothe Bright, Doctor of Phisicke, for such as either thorough [sic] want of leysure, or abilitie, have not the use of so necessary an history. . . . Imprinted at London by I. Windet, at the assignment of Master Tim. Bright, and are to be sold at Pauls wharf, at the signe of the Crosse-keyes*, 1589.

On August 21, 1591, Bright received formal notice to leave Bart's Hospital. "This day it is ordered and agreed for that Dr. Bright hath bine often warned for neglectinge his dewty about the poore of this house. That there be staye made of such billetes and coles which sholde be dewe unto him and that he shall have knowledge and warning to depart at Michellmas next."⁵ He had already been ordained, and became rector of Methley, Yorkshire, in July, 1591, and three years later also became parson of Barwick-in-Elvett. Bright appears still to have practiced medicine occasionally, but it would appear that the Church had caused him to forsake his earlier profession, and he died at Shrewsbury, where he was buried on September 16, 1615.

⁴ *Op. cit.*, p. 437.

⁵ Moore, Sir Norman. *Op. cit.*, Vol. 2, pp. 439-440.

Had Timothy Bright concentrated on medicine he would probably have excelled as a physician, but politics, religion and his system of shorthand occupied much of his time. Norman Moore writes: "He was not unread, but he showed no real learning, and had little mother wit." His other writings include some metaphysical disputations, and it would be appropriate to endeavour to collect a complete

set of his medical writings in the Library, that they might be critically examined at a later date, or at least studied bibliographically. His name is unknown to many Bart.'s men, yet his achievements were not without merit, and his connection with our hospital not entirely unworthy.

* The physicians and surgeons of St. Bartholomew's Hospital before the time of Harvey. *Bart.'s Hosp. Reports*, 18, 1882, p. 342.

BACK HAND SERVICE

(long after Kipling)

God gave all men all men to love,
But since our hearts are small,
Decreed that we in cliques should move,
That each should not know all.
As self-conceit could not survive
Close contact with all Bart.'s,
Self-limitations we contrive
To split us into parts.
So some in Rugger circles walk
And some know nought but books,
While some interminably talk
Of drives, late-cuts and hooks.
Each to his choice and we rejoice,
Though others think it strange,
That man and boy we do enjoy
Our Ping-Pong in the Range.
No tender-hearted forward knows
The courage we've employed
In beating back with battling blows
The sphere of celluloid.
To runners we could not explain
Our stamina of will
As, poised behind the plywood plane,
We gather for the kill.

The comradeship of bat and ball
Within our valiant club,
They would not understand at all
In Vicarage or pub.
"The play's the thing." We know no names
Obscene enough to squawk
At those who hold that indoor games
Are but an aid to talk.
Through many a dusty, sunless hour
We'll build our muscles yet,
Our sallow skins shall fill with power,
Our changeless shirts with sweat.
So long as we are able
We'll advance Britannia's fame,
On this green and pleasant table,
In this manly British game.
God gave all men a life to live,
But laymen's hearts are small,
And all the facts He did not give
That judge an hospital.
So Rugger was our crucial test
Till Mary's topped the bill.
Let future reputation rest
On Ping-Pong-playing skill!

W. G. H. L.

A CASE OF SHOVELLER'S FRACTURE

By JOHN WHITTINGDALE

A young man walked into the Out-Patient Department of the Yeatman Hospital, Sherborne, complaining of an aching pain in the upper part of his back.

Since his discharge from the Army, he had been working as a pupil on a dairy-farm, where each morning, he had had to lift full churns of milk on to the platform of a lorry five feet above the ground level.

He had noticed the aching pain for a month but could not give a definite history of the onset.

Upon examination, he was well built and muscular, height 5 feet 8 inches. There was no visible swelling or discoloration over the painful area which was in the upper dorsal region.

Upon palpation and on percussion of the vertebral spines, the second dorsal spine was tender, but no mobility could be obtained on lateral pressure.

A skiagram revealed that the terminal half inch of the second dorsal spine was broken off and dragged downwards for half an inch as measured on the skiagram.

This injury was undoubtedly produced by muscular action, but the young man could not remember a definite, sudden pain, nor having felt any crunch or click.

He was advised that no treatment was available apart from rest and the local application of heat. Fibrous union is to be expected and excision of the fragment is unlikely to become

necessary, though this has been recommended by authorities.

Captain J. H. Annan, R.A.M.C., described a series of cases of this condition, occurring in prisoners of war (*Lancet*, 10.2.45, p. 174); and quotes series of cases from McKellar Hall (1940), Watson Jones (1941), also stating that the condition was known to German surgeons as *schipper Krankheit*.

PER ARDUA AD . . . ?

By W. J. ATKINSON

On a gloomy evening of late January, with only the soft drizzle of the Plain, and thoughts of the past harassed year on the House for company, I waited for a truck to take me to the new unit. The exchange of white collar and dark suiting for Army boots and gaiters was comfortable enough, but the future address of "In the Field" suggested otherwise.

At the unit, together with two further arrivals, I made a trio which departing officers regarded as the epitome of youth and irresponsibility. We felt as lonely as Stonehenge itself until invited to attend the 1st Airborne Division Medical Society's farewell party. There, indeed, was the company of good fellowship in the names of one's students days—Graham-Jones, Alec Palmer, Bonham-Carter, Mitchener, Edwards, Uncle Eagger and all. For a week a return to physical fitness and an increasing desire to qualify for that same company pushed away the thoughts of imminent space-occupying lesions.

Bleak Derbyshire next enclosed the rising tension of both physical and mental needs—two weeks of manly running to and fro in boots and equipment. Even the temporary locum of three days in the C.R.S. (blessed haven of many an anxious heart) was a welcome respite. The final test—seven miles road-run in marching kit armed with a rifle (carried in every conceivable position but the correct one)—this should have rescued me as I looked around for some reasonable excuse; alas, they carried me through and congratulated my perseverance!

For the next two weeks, the aerodrome was perfectly comfortable after Hardwick's concrete huts and barren Mess where mud and false bravado made poor aperitif to every meal. Calculating one's chances of injury was reassuring enough. "All you have to do is what you are told." A Roman candle had been one of my favourite fireworks as a child, but the variety surreptitiously advertised in Airborne circles involved either a mistake in parachute packing or some electrical disturbance in atmospherics which causes the silk of the parachute

to adhere together during the average of one minute of descent from the usual 600-800 feet. But for this occurrence, a careful study of one's training could overcome any mishap. Thus reassured, I did the gymnastics of falling from ropes and controlled slings at various heights, vying with Private O'Leary to win the sergeant-instructor's approval. Through holes in exalted fuselages and doing trapeze acts on special swings, and falls on to well-padded matting, we whiled away six days rather like the prelude to one's examinations.

The two balloon jumps from 800 feet were said to be quite safe, and as we watched the silent descent of fellow trainees through the clouds that kept very low that wintry morning, we were reassured at first. The balloon-cage came down for another four and, with parachute strapped to my back and "static line" clipped to the cage, I felt myself on the way due . . . up. Fainter and fainter grew the earth, larger and larger became the hole in the bottom of the cage until, amongst the cloud in a hushed other-worldly state, the balloon "stopped," leaving the four victims-to-be feeling very lonely as they crouched in a sitting position round the hole. Electrified by "Action Stations No. 2," and then "Go," something precipitated me through the hole into space: since no one is ever allowed to push another over and none volunteered to confess to such later, I can only think that our three week's training had bred that kind of discipline which did not reason why.

In the descent from a balloon there is a delayed opening of the "static-parachute" and for some three or four seconds one feels a detachment from mundane things as the earth is rising and yet there is no sense of falling. If an incorrect exit is made, the pack of the parachute hits the side of the hole and promptly somersaults its parachutist. In an aircraft drop this usually "rings the bell"—brings the under surface of the chin in lacerating contact with the forward side of the hole, a sickening event the sequelae of which include an often unconscious descent and landing and later a scar

which is diagnostic of parachute training. However, I did not meet the other side of the hole and, for another threequarter minute or so, after the reassuring tug at my shoulders, an exhilarating feeling of freedom prompted a few caustic comments to the crowd below and then—the landing. It took quite a time for me to remember all that I was taught as to the correct anatomical parts on which to land and how they should be disposed, but those two balloon jumps did seem worth while.

The day came for what was to be my first flight in an aircraft. Unfortunately, or otherwise, the instructor placed me No. 1 in this, the first run of what were called slow pairs. Only a queer look answered my request for the reason. However, the stories of having one's hands crushed by insistent boots as one clung to the side of the hole in the bottom of the Whitley fuselage, of tearing away pieces of its frame with frantic finger nails—all seemed a little exaggerated as, on that cold morning we waited for the ceiling of visibility to rise. The colleague who patted my back where the parachute lay and said: "A very nice blanket that," did not restore my confidence. As we trooped into the shaking frail-looking Whitley and took our places I found my rival, Private O'Leary, on the opposite side of the hole from me, trying as I was, to grin nonchalantly—a most sickly effort. In the five minutes to the dropping zone I could see the trees far below us set in the kindly pleasant fields which had been the background to such a happy past life!

Warned of the approaching "run-in" and, reassured that the static lines from our parachute cases were hitched up to the strong points on the fuselage, we crowded into position. I felt the aircraft throttle down and heard the engines cut as the pilot brought us over the dropping zone 500-600 feet below us. "Action Stations!" as the red light over our heads winked on. Then green light . . . "Go" bellowed the instructor as I attentioned into space with the now reflex movement of twisting from the sitting position beside the hole to the attention position with a thrust forwards from my hands on the edge of the hole. During the minutes and age-long seconds awaiting the signals, all was tension and suspense. Now, in the split seconds of the exit, I felt first the blow of the slip stream from the propellers, then the wind in my body and face and finally the heave at my shoulders as the parachute was pulled open. Sometimes, as on this occasion, the jerk of the opening chute can bruise one's shoulders and groins considerably. It took also about four "drops" for me to find time to look up even with gratitude at the

open canopy; but the view of the landscape below combined with the gentle movement of descent to make it one of the most exciting sensations of my life. Landing from an aircraft drop is more difficult than from a balloon because there is more oscillation as one pendulums to earth; at that time, one had to check one's drift (a guess at the best) and, accordingly, to turn by holding one's shoulder straps in a certain way, in order to bring one to earth on a forward swing. Nowadays it is found easier to increase the rate of descent slightly by pulling the forward shoulder straps and so to check both oscillation and drift simultaneously. However, once again the orders of keeping one's feet and knees together and elbows well tucked into one's sides did not reach my motor cortex in time. A sack of coal could have made a better landing. A stream of abuse from the instructor and of sympathy from Private O'Leary (mutually reciprocated) greeted me in the canteen later.

We had to repeat the same slow pairs again that day and on the following day, two flights of five together. Then the whole "stick" of ten went through in one run over the dropping-zone. Next came a night drop from a balloon and this seemed fraught with the maximum of uncertainty. However, I would aver now of all the drops, that from a balloon in the full moonlight is the most moving and splendid; the earth has a quiet silvery charm during those silent seconds of descent, which no other approach can quite equal. Finally, in a daylight "scheme" in which some twenty aircraft dropped complete "sticks" of ten one after the other, we had to combine forces on the ground and enact the most fantastic manoeuvre of muddle in a supposedly united attack on a nearby station. The stick that found themselves perched on telegraph poles and wires some two miles away had quite a deal to say about the R.A.F. later.

Leaving Ringway was like leaving the nursery and, back on the Plain, in the raw March weather, we still had to undergo various feats of endurance and military warfare. The Whitley aircraft gave way to the Albemarle with its large bunny-hop aperture and the Dakota with its door exit. Brusque Army officers and sergeants replaced the kindly persuasive R.A.F. instructors. Having qualified at eight jumps for the "Wings," we became criminals now if we "refused" at any drops. Instead of the careful control of wind and surface conditions by the Airforce specialists, doubtful battalion and field ambulance commanders now judged the dropping zone possibilities, be it cornfield or open heath and

whether or not above the maximum-for-safety 20 m.p.h. wind velocity. On one occasion a hearty Colonel forgot to fire his Verey light as the aircraft came over the d.z. and we dropped into gusts of 35 m.p.h. Our second-in-command is said to have flashed past a motor-cyclist and asked him if he wanted a lift, whilst I should still be going nor'-nor'-west but for a clump of trees that timely refused my canopy right-of-way. Five injuries, including a fractured pelvis were small costs that day.

Volunteers were slow at first and the long wait till D-day was spent desultorily in studying warfare surgery and military manoeuvres. Relegated to a glider field ambulance owing to an absence at a neurological unit, I watched the advanced parachute squadron go on the eve of D-day—an honour and a sorrow to remember. That night in the barbed wire enclosure, which had held us all for the past twelve days in anxious, but openly nonchalant, expectation, I wondered what price we were going to pay for eighteen months of good fellowship and discipline. There is no man or officer in Airborne who will ever say that he was not afraid.

The next morning the German radio

announced that Caen was the focal point and I knew that my own little show was off. However, as we piled into the fragile gliders for our two-hour cross-Channel trip that afternoon, I still wondered. A smooth crossing indeed terminated in a landing which tore off a wing and buried our "nose" in good Normandy soil. We knew neither where we nor Jerry were. Late that evening, I rejoined my old para field ambulance and remained with them and then the 5th Para Brigade for three months. During that time I saw the other side of the parachutists' life. Still cheerful, friendly and incredibly brave, these men now exchanged the carefree fun of parachuting for the stern real task of killing men whose courage they valued as highly as their own. Some of them, in civilian life, will find re-adjustment difficult, but many more were the sort of fellows you would not notice in such a light if we had known them as civilians (one such of our own hospital has won distinction in the Special Air Service). Therefore, confessing to a deep gratitude for the honour of knowing them and tending their wounds, I plead a leniency and a *long term* appreciation for those few men who survive.

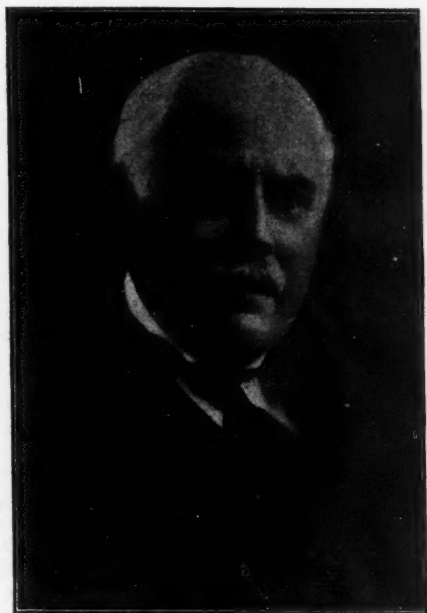
OBITUARY

SIR WALTER LANGDON-BROWN, M.D., F.R.C.P.

We much regret to announce the death of Sir Walter L. Langdon-Brown, which occurred at his home in Cambridge on October 2nd in his 77th year. He was born in 1870, the eldest son of a famous father, the Rev. Dr. John Brown, pastor of Bunyan Meeting House, Bedford, who wrote the well-known biography of John Bunyan, and his mother was Ada Hayden Ford. He was at Bedford Grammar School, and gained a scholarship at St. John's College, Cambridge. Here he had a good career and was placed in the first class of both parts of the Natural Science Tripos. He came to St. Bartholomew's Hospital in 1892, winning the open entrance scholarship. He had hitherto been known as Brown, but the Warden of the School (as it was then called), Dr. T. W. Shore, addressed a letter to W. Langdon Brown and from this time he adopted it as his surname. Many years later when he was knighted, he added the hyphen, so that he might use his christian name of Walter and yet retain the name of Langdon-Brown by which he was generally known. In his early days at hospital, he had curly hair which led to his being called Curly Brown or Curly. Later he was always spoken of by students and his friends as L.B. He passed his Cambridge M.B. examination easily and became House Physician to Dr.

Samuel Gee. His predecessor was Lord Horder and his successor the late Dr. Hugh Thursfield. Later they were all three elected to the staff in the same order of seniority.

Then followed many years of waiting which he filled very profitably. He had fine clinical experience as senior physician to the Imperial Yeomanry Hospital during the South African War. On his return he taught in the Physiological Department and was of great assistance to those working for the primary Fellowship examination. He also had valuable experience as Assistant Physician (1900) and later Physician (1906-1922) to the Metropolitan Hospital. Here he met Eileen Pressland who was a ward sister and became his first wife. He became Medical Registrar at St. Bartholomew's in 1906, and his demonstrations in the postmortem room were very stimulating to students in the next seven years. He had the gift of being able to make a complete picture of the disease and so stress the value of morbid anatomy. In 1913 he was elected an Assistant Physician, just after the rule had been passed that the retiring age of the staff should be 60 instead of 65. He did not succeed to the post of full Physician until 1924 when he was nearly 54, and thus held the office for just over six years before becoming a Consulting Physician. The long period of



waiting which he had, though irksome, was very profitable to him and he was a very good teacher of physiology and morbid anatomy. His classes in the Outpatient Department and medical "grind" were deservedly very popular and many students attended his ward rounds. His knowledge of physiology coloured all his early work, and his book, *The Physiological Principles of Treatment*, which has now reached its 8th edition (the last three editions with the assistance of R. H. Hilton), was well suited to make students and doctors realise that physiology should not be forgotten after the 2nd M.B. examination, but should remain a living force so long as they practised medicine. His long wait had another unusual effect. He had appreciated the difficulties of the younger men and when he was on the staff he did his best to improve their position and to help them whenever he could. His varied training had made him an outstanding physician; he was beloved by his patients, who treasured his advice. His consulting practice was, in its heyday, very large and his spacious consulting room (in Cavendish Square) leading out to a small garden with a statue of Mercury, reminding one of a Pompeian house, was in keeping with his great stature.

Outside the hospital he filled many posts. He was elected to the Fellowship of the Royal College of Physicians in 1908, and gave the Croonian Lectures on "The Role of the Sympathetic Nervous System in Disease" in 1918;

he was Senior Censor in 1934 and gave the Harveian Oration in 1936 on "The Background to Harvey." He served as an examiner for the Royal College of Physicians while Censor, and for Cambridge, Sheffield and Welsh Universities, and the National University of Ireland. His great stature, bulk and his bushy eyebrows made him a rather formidable examiner. He was as quick to recognise real knowledge as to spot the bluffer, while his genuine kindliness made him popular. In 1932, two years after he had retired from the active staff of the hospital, he was appointed Regius Professor of Physic in the University of Cambridge and filled this post with great distinction for three years. He retired under the age limit which the University had recently enacted for all newly appointed professors. While in he was elected a Fellow of Corpus Christi College. He was knighted in 1935, an honour which was welcomed by all his friends.

In his later years at the hospital he showed great interest in psychology and wrote a good deal on this subject. He was president of the Medical Society of Individual Psychology and occasionally lectured at the Institute of Medical Psychology (Tavistock Square). He was chairman of the Langdon-Brown committee on Postgraduate Training in Psychological Medicine, which issued an important report in 1943. He served on the General Medical Council, as the representative of Cambridge University, for three years and was the Privy Council's nominee on the Council of the Pharmaceutical Society of Great Britain. This work interested him greatly and he served on several important committees.

He had read widely and was wont to enliven his lectures with his references to art, literature and history. He gave a couple of addresses to the Abernethian Society which were much appreciated, in spite of their being read from his manuscript instead of being talked. His knowledge of medical history was great and he was president of this section (1942-1944) of the Royal Society of Medicine, and recently gave a most interesting account of the Regius Chair of Physic at Cambridge and of its occupants. This was compiled under great physical difficulties, and has just been published in book form, "Some Chapters in Cambridge Medical History." He had also been president of the old section of Therapeutics and Applied Pharmacology (1921-23) and of Urology (1923-24) and was elected the first president of the section of Endocrinology which was founded last year, although he was seriously ill at the time and could not deliver his Presidential address himself. He was a

great traveller and had so good a bump of locality that after a study of the map he could find his way about a new town with ease. It was perhaps during these travels that he learnt to appreciate good food and wine about which he was always most knowledgeable. Among other honours which came to him were D.Sc. of Oxford University, Hon. LL.D. of Dal-

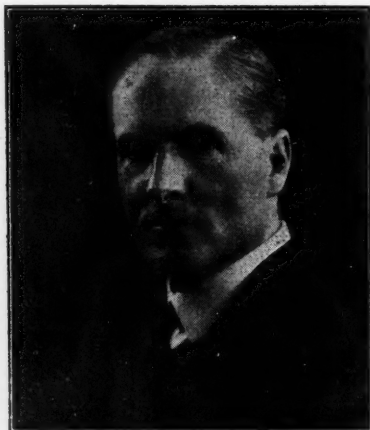
housie University, Honorary Fellow of the Royal College of Physicians of Ireland.

His first wife died in 1931. Subsequently he married Freda Hurry, who had been his trusted secretary for many years. The marriage was ideally happy and during his last illness she nursed him with devoted care.

G. G.

OBITUARY

JOHN BARRIS, F.R.C.P., F.R.C.S., F.R.C.O.G.



It is a sad privilege for me to write a personal note about a friend and colleague, John Barris, who passed away at the beginning of the year, but I feel that there are many of his old pupils scattered throughout the world who may have missed the notice in the "Times" and would not be expecting his untimely death.

My first meeting with him occurred in the "Old Surgery," a department which few will now remember. He was the junior House Surgeon and I was his most junior dresser, with all the nervousness and ignorance of a new boy. Barris at once put me at my ease and a few days later allowed me to open an abscess under his personal supervision. At the end of this, to me a big and exciting operation, he said, "now you feel years older," and I did.

Barris joined the Hospital in 1901, and from the first day he became imbued with the spirit of that grand institution, and devoted the whole of his life to Bart's. He was a dresser in the "Dark blue firm" and later House Surgeon. The head of this "firm" was Mr. Bruce Clarke, sometimes spoken of as the Bruiser, and thereby hangs a long tale as to why this nickname was given to him. Barris, like his chief, was always loyal to his students and housemen, and in his

opinion it was very difficult for a Bart's man to do any wrong, and if he was a member of the "dark blue firm" and a rugger player, quite impossible. Before coming to Bart's he studied at Caius College, Cambridge, from 1898-1901. During his student years he gained many prizes in addition to the Luther Holden and Shuter scholarships. As already mentioned he was house surgeon to Mr. Bruce Clarke and later house surgeon to the Department of Obstetrics and Gynaecology under Sir Francis Champneys and Dr. S. A. Griffiths. At the end of this appointment he went abroad for a year to visit clinics in Germany, Austria and elsewhere, this of course at a time when Germany was worth visiting. About this time he married Margaret Morris and subsequently had three daughters.

Soon after his return from Germany he was appointed Obstetrical tutor and in 1913 took his place on the Honorary Staff. He was now able to show his powers of teaching which benefited so many Bart's men. He had a wonderful store of patience and was ready to explain and repeat the same point over and over again. Not only was he a great teacher, but more important, he impressed the student, by his own example, with the right attitude to adopt to the patient. He always emphasised the fact that he was treating the patient, who happened to be suffering from some disease, rather than treating a disease which happened to be inside a patient. This indeed is a lesson that has not been learnt by all medical men and women. John Barris was keenly interested in the Students' Union, and particularly in the Rugger Club, whose president he was for many years. It was jokingly said to become Barris' house surgeon the first qualification was to play rugger for Bart's. Happily some of the best house surgeons in the hospital did happen to play rugger.

Owing to the untimely death of Dr. Williamson, Barris was head of the department for a great many years. He was a very good and careful surgeon, and gentle by nature, his operative success was enhanced by the gentle

way in which he handled the tissues.

In 1939 Barris retired under the age limit and became Consulting Physician Accoucheur to the Hospital and one of its Governors.

On the outbreak of the second German War Barris immediately volunteered to help the hospital by teaching at Hill End. His services were of great value to the department at a time when its staff was considerably depleted. He was the author of many scientific articles and joint author of "Ten Teachers," a book read by a countless number of students. In 1938 he was invited to become president of the section of Obstetrics and Gynaecology of the Royal

Society of Medicine, but was obliged to refuse on account of ill-health.

Barris was a Fellow of the Royal College of Surgeons and of the Royal College of Physicians. It is not everybody who realises how much he did for Bart's, particularly for the welfare of the students, because of his extremely modest and retiring nature.

Thus passes from our midst one of the most loyal of Bart's sons, remembered and beloved by generations of students for whom he did so much, and whom he inspired with the best traditions of this great institution.

M. D.

REVIEWS

OCCUPATIONAL THERAPY FOR THE LIMBLESS. Phyllis Lyttleton, C.S.P., M.A.O.T., 40 pp. illustr. H. K. Lewis & Co., Ltd. Price 3s.

This little monograph is the outcome of the author's experience at the Ministry of Pensions Hospital, Leeds. Amputees require great encouragement during the first few months, and the author rightly terms the occupational therapy department the "ideal Nursery slope" on which the limbless man can try out his powers.

The mental approach to the problem is well set out; there is lucid description of many gadgets for use in the early days of rehabilitation before the "tin limb" can be fitted, and the particular application of the usual occupational therapy crafts—rugmaking, "plastics", woodwork—to amputation patients is discussed in practical detail.

The book is to be recommended not only for therapists but as a useful small gift to any patient who has lost a limb, and serves to remind the surgeon that his responsibility it not over as soon as the scar is sound.

A NEW SYSTEM OF FIRST AID. R. C. C. Clay. 188 pp., illustr. Foreword by Air Marshal Sir H. E. Whittingham. Price 5s. Faber & Faber.

This book has been written not only to debunk traditional first aid teaching—for which the author himself once received the reward of a fountain pen—but to give practical aid to the injured in the positions in which they are found, and not merely to those conveniently placed flat on their backs.

The book unfortunately suffers from austerity publication restrictions. It is well but inadequately illustrated, and the photographs bear no positional relation to the text, which makes study difficult. The inadequacy of ordinary arm slings even in the vertical position is explained and two quite novel and effective methods are given—the parcel and the envelope slings.

Students would do well to read this book through as it is not padded with crude inaccuracies of useless anatomy often found in such first aid books, and bandaging technique is wisely limited to the use of the ubiquitous triangle. Nurses too should see it, although it is likely that the traditional use of antiquated methods devised in the days of cannon ball and buckshot will continue to be required in the State Examinations.

It is to be hoped that this admirable protagonist of experience versus orthodoxy will reach a second and even better edition and its good advice will reach the minds of many normally too proud to read first aid.

THE CONQUEST OF PAIN, by G. Bankoff. Published by Macdonald & C. Pp. 202. Price 6s.

This is not a serious history of anaesthesia but in the words on the cover is "designed so as to make entertaining and lucid reading for the layman with no previous technical knowledge of the many wonders of contemporary medical science today." This object appears to be achieved but there is rather an excess of sensationalism and a lack of accuracy. The Biblical references are particularly unfortunate and it seems going rather far to describe Dr. Charles T. Jackson as "the devil incarnate" (p. 179). However, in spite of defects and many omissions, this book does give a graphic outline of the chequered beginnings of the art and science of anaesthesia. There are eight illustrations.

PRACTICAL ANAESTHETICS, by H. Ross Mackenzie. Published by Bailliere, Tindall & Co. Pp. 172. Second edition. Price 10s. 6d.

It speaks well for this book that a second edition has become necessary after only two years.

The clinical student will get a good outline of the more elementary teaching of anaesthetics by its perusal, but it suffers from a lack of those detailed instructions which are so essential for a textbook on this subject.

The nomenclature of drugs is not always sound. For example, under local analgesic agents, pantocaine and decacaine are described as synonyms for butethanol. This is true, but the official and correct term "amethocaine" is not mentioned.

The second edition not only contains 36 more pages than the first, but is larger in surface dimensions and is printed on better quality paper. It follows also that the illustrations, now 71 in number, are reproduced more clearly.

AIDS TO PUBLIC HEALTH, by Llywellyn Roberts Bailliere, Tindall and Cox. Fifth edition. Pp. viii 259 with 4 figs. Price 6s.

The Students' Aid Series has produced many books which have proved most valuable to those looking for much information in a little space, and this one in particular has earned a well deserved popularity. This edition, the fifth, the fourth being in 1938, reflects the advances in public health which have taken place in the intervening years. The food and nutrition chapter, for instance, has been expanded, and dust earns its place as a carrier of infection. In later editions it is likely that penicillin and D.D.T. will receive more mention.

Taken in all, this edition contains just what the student requires for his final revision and much that he will find useful when qualified.

A FAREWELL ROUND FROM DR. GEOFFREY EVANS

It was with feelings of sadness intermingled with expectation that a large assembly gathered outside Harvey to join the old firm for the last time. Sadness for the many who, at Cell Barnes, Hill End and Bart.'s had learned much of the art of practising medicine and of the principles embodied in the Stoic philosophy. Expectation for some "pearls" and, most emphatically, for two or three good stories.

Sure enough, hopes were realised and sadness melted away, best of all perhaps is recalled the man with the phantom limb who not only scratched his phantom toes when they itched, but also frequently collapsed through stepping

off on the wrong foot. But in the minds of those who look back upon the "good old days" are those guiding lights indicated by Marcus Aurelius:

"What then is that which is able to conduct a man? One thing and only one, philosophy. But this consists in keeping a man free from violence and unharmed, superior to pains and pleasures and doing nothing without a purpose." Likewise, "Be not disgusted nor discouraged, nor dissatisfied, if thou dost not succeed in doing everything according to right principles, but when thou hast failed, return back again . . ." for "A man must stand erect, not be kept erect by others . . ."

CORRESPONDENCE

CLOTHING RUGGER PLAYERS

To the editor, *St. Bart.'s Hospital Journal*.

Dear Sir,

On behalf of the R.U.F.C. many thanks for the space your generously allotted to our appeal for coupons and shirts. Coupons have reached us from all sides, even from distant Canada. May we thank all those who have so generously given so that we have been able to obtain shirts for the A XV..

Unfortunately, it is today impossible to obtain Bart.'s shirts. The need is great. Already we have received a few, but we feel sure that up and down the country there must be many Bart.'s doctors who have a shirt tucked away somewhere. Could you please let us have them? We do not ask you to back us, but only to clothe us with your shirts.

E. A. C. LLOYD,

22 September, 1946.

Hon. Sec., R.U.F.C.

HAND WRITING

To the Editor, *St. Bart.'s Journal*.

Dear Sir,

With regard to your reply to my letter, may I say that I depreciate your preference for a monotonous uniformity in handwriting?

This preference appears to me to be yet another indication of the prevalent tendency towards inhumanity amongst many of my contemporaries.

That an avowed disciple of Hippocrates should deliberately express his desire to eradicate the art of graphology by attacking its very foundations is indeed deplorable.

I would commend its study to you, sir, as being a most fruitful source of understanding your fellow humans.

No amount of carbon copy will every provide you with one jot of the wealth of information that is contained in an individual's method of putting pen to paper.

I remain, Yours faithfully,

J. W. PLATT.

20th September, 1946.

THE STUDENT AND THE G. P.

The Editor, *St. Bart.'s Hospital Journal*.

Dear Sir,

"Ten years in general practice is the only training ground"—I read at the end of an excellent article in the current issue of the *Journal*. May I suggest, as must have been suggested many times before, a foretaste of such experience before qualification?

The prospective doctor in past centuries underwent a long period of apprenticeship to the G.P. of his day, acquiring much knowledge of his future work before entering hospital to complete his training.

Nowadays the new G.P. is faced with much that he has not seen, or has seen but little, and must spend a lot of his limited time learning about the commonest diseases. Surely it would be far better if he had a period, even one of only three months, working with a G.P. during his final year. He would then see cases of the mysterious disease, influenza, before being called upon to treat one.

The medical curriculum need not really be lengthened by such an addition. While I, personally, enjoyed every month of my twelve in the various surgical departments—in-patient and out-patient—I feel that nine months could well be made an adequate period for these, leaving the extra three months for the study of the commonest diseases with the help of a man in frequent contact with them.

The student need not occupy much of the G.P.'s time, and the help which he could give his tutor would go a long way to repaying the latter for his teaching.

Such a proposal as this must have been put forward many times, but I think its importance justifies yet another.

I remain, Yours, etc.,

R. WARWICK BROWN.

District Sitting Room, R.S.Q.

October 8th, 1946. St. Bartholomew's Hospital.

ANÆSTHESIA

DR. C. LANGTON HEWER has been appointed the first editor of *Anæsthesia*, a quarterly journal published by the Association of Anæsthetists.

CRICKET

The results of our games this season indicate that we have not been much good. However statistics may be invoked to show that we have improved. In May and June we played 11 games, won 1, drew 4, and lost 6. Since then we have played 16, won 5, drawn 5 and lost 6. And if you try very hard, you can detect improvement there. On the whole the bowling was good enough; it was collared about 10 times, but we found on those occasions that time was short and our later batsmen were often able to play out a draw. We never produced havoc among good batsmen but sometimes we were effective against rabbits and Odlum, Ewart-Davies and Morgan each had his day.

With reliable batting we should have done very much better. Four times our score was in the thirties and nine times we made less than a hundred. We were always liable to collapse. Too often we had to bat second and the disadvantage of this can be seen. In ten games we batted first, we won four of them drew two and lost four. Of the other 17 games we won two, drew seven and lost eight. Seven times Gourlay declared and three times victory followed.

Our batsman with the highest aggregate was Vazifdar; he made about 20 almost without fail and was a model of steadiness. Gourlay and Dixon did not produce quite their best form though Dixon made 82 and 65 in successive games, and it was only with practice that we overcame our surprise at seeing Gourlay out when looking well set. Moyes kept wicket very well and was consistent as a batsman. Haigh was best in difficult times, and his 63 against the Foreign Office was most valuable. Odlum and Elliott kept up the morale of the pavilion and Odlum saved us from ignominy against Eastern Command and Broadwater.

The Second Eleven appeared only once, most of the time it was playing in the First. The one game it played ended in glorious victory by one wicket over St. Mary's Hospital.

Date Opponents Grnd. Own Score Opp. Score Result

May					
4	St. Thomas' H.	H	148 for 7*	139 for 4	Drawn
11	Orpington	H	122 for 6	159 for 7*	Drawn
18	London Hosp.	H	39	40 for 1	Lost
25	Crofton Park	H	94	98	Lost
26	Buccaneers	H	125	163 for 9*	Lost
June					
1	Old Rutlishians	H	37	38 for 2	Lost
9	Pub. School W.	H	109 for 6	122	Drawn
10	Gerrard's Cross	A	120 for 6	117	Won
21	Hornsey	A	39	169	Lost

GOLF

The Twelfth Autumn Meeting of the St. Bartholomew's Hospital Golfing Society was held at Porters Park Golf Club, Radlett, in good weather on September 25th, and was attended by twenty members. The Milsom Rees Cup was won by Dr. J. W. Poole and Dr. R. Finlayson who tied with a return of five down on bogey.

At a business meeting held after the afternoon's play Sir Charles Gordon-Watson was elected President of the Society for the ensuing year.

Dr. George Graham retired from the post of Senior Secretary and was elected Treasurer of the Society. A vote of thanks was passed recording great appreciations for his past services.

Dr. M. B. McIlroy was elected Junior Secretary to join Mr. R. S. Corbett and Dr. H. F. Brewer.

29	Nomads	H	96 for 4	165 for 5*	Drawn
30	E. Comm'd H.Q.	A	95	185 for 7*	Lost
July					
6	St. Mary's H.	A	74 for 9	176 for 4*	Drawn
7	Old Meadonians	H	95 for 3	94	Won
13	Bromley	H	125 for 6	206 for 7*	Drawn
14	Rabbits	H	146 for 8	186	Drawn
21	Pub. School W.	H	158 for 8	237 for 5*	Drawn
27	Broadwater	A	90	92 for 3	Lost
28	Past	H	224 for 6*	105	Won
Aug.					
3	Old Millhill's	H	139 for 8*	146 for 4	Lost
4	Broxbourne	A	139	96	Won
5	Stanmore	A	50	71	Lost
18	Romany	H	164 for 5*	115	Won
24	Lensbury	A	64	191 for 5*	Lost
25	Foreign Office	A	153 for 9*	84	Won
31	Hampstead	A	96 for 8*	97 for 1	Lost
Sept.					
7	Old Rutlishians	A	83 for 6*	68 for 3	Drawn
15	Finchley	A	36	140 for 8*	Lost

* Declared.

Played 27. Won 6, Drawn 9, Lost 12.

AVERAGES.

			Not		Highest	
			Innings	out		Score Average
Hawkes	...	10	1	303	65*	33.67
Dixon	...	15	1	294	82	21.00
Cozens-Hardy	..	7	0	144	41	20.57
Gourlay	...	24	5	321	39*	16.89
Vazifdar	...	27	2	400	48	16.00
Odlum	...	25	4	269	45	12.81
Elliott	...	18	3	190	35*	12.67
Moyes	...	21	1	244	45	12.20
Haigh	...	21	7	160	63	11.43
Morgan	...	27	0	216	45	8.00
Struthers	14	5	56	22*	6.22

BOWLING.

	Overs	Maidens	Runs	Wkts.	Average
Ewart-Davies ...	78	10	247	20	12.35
Morgan ...	167.3	24	604	39	15.48
Vazifdar ...	256.5	49	760	47	16.17
Newcombe ...	80.2	4	202	11	18.36
Odlum ...	247	11	1001	53	18.89
Haigh ...	39	7	153	7	21.86
Hawkes ...	73	8	261	11	23.73

CATCHES.

Moyes, 15; Morgan, 14; Gourlay, 11; Odlum, 8; Elliott and Struthers, 7; Vazifdar, 5; Hawkes and Haigh, 3; Taylor, 2; Dixon and Cozens-Hardy, 1. Moyes stumped 9; Struthers stumped 7.

ANNOUNCEMENT OF MARRIAGE

BOWER-CREEK.—The marriage of Ronald James Bower to Margery Joan Creek, S.R.N., took place on September 7th, 1946, at Bury St. Edmunds.

CHANGES OF ADDRESS

GRAY, GILBERT, to Carsaig House, Isle of Mull, Argyll.

FRANCE, C. H. G., to Le Calme, 10, Rue de Menton, Menton, France.

RADCLIFFE, WALTER, to Ten Acres, The Avenue, Wivenhoe, Colchester.

ROBERTON, J. A. W., to 1707 Coventry Road, Birmingham 26.

WINNICOTT, D. W., to 47, Queen Anne Street, London, W.1. Telephone: Welbeck 5050 and Hampstead 2979.

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It is an efficient alternative to phenobarbitone when patients require a change of drug to avoid habituation, and when the normal response to phenobarbitone is not obtained from new patients.

Our Medical Information department will be pleased to act as a source of information on this or any other of our products.

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